Student Health Provincial Summary of Annual Reports

2009/2010 School Year

September 1, 2009 to August 31, 2010

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Note: Student Health is a joint endeavor of the Ministries of Education, Health and Wellness, and Children and Youth Services.

For further information contact:

Student Health
Provincial Coordinator
44 Capital Boulevard
10044 – 108 Street Edmonton, Alberta
T5J 5E6

Telephone: (780) 422-6502
Fax: (780) 422-2039
Toll-free in Alberta by dialing 310–0000
Email: heather.dechant@gov.ab.ca

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Table of Contents

I.	INTRODUCTION	1
	Service Priorities in 2009/2010	2
II.	STUDENT HEALTH (SH) PERFORMANCE MEASURES	3
	A. Performance Measures and Targets	3
	B. Results Achieved	4
	1. Number of Service Events	7
	2. Surveys	7
	Teacher Survey Results	8
	Parent Survey Results	9
	Service Partner Survey Results	10
	Partner Survey Results	11
III.	HUMAN RESOURCES PLANNING AND IMPLEMENTATION	12
IV.	ANALYSIS OF REVENUES AND EXPENDITURES	15
	A. Revenues	15
	B. Expenditures	15
V.	ACCOMPLISHMENTS AND CHALLENGES	17
	A. General Comments	17
	B. Major Accomplishments	17
	C. Challenges	19
	D. Progress in Integrating SH Funded Services with Partner Funded Services	19
	E. Continuous Improvement	19
VI.	APPENDICES	21
	Appendix A – Partnership Funding Allocations 2009/2010	22
	Appendix B – Partnership Breakdown Number of Service Events by Service Category 2009/2010	23
	Appendix C – Partnership Breakdown of Planned and Actual FTEs for 2009/2010	24
	Appendix D – Partnership Breakdown of Expenditures 2009/2010	26
	Appendix E – Student Health Expenditures by Service Category 2009/2010	27
	Appendix F – List of Tables	28

I. INTRODUCTION

Student Health (formerly known as the Student Health Initiative) is a joint endeavour of Education, Health and Wellness, and Children and Youth Services. Information about Student Health can be found online at:

http://education.alberta.ca/admin/healthandsafety/studenthealth.aspx

Student Health operates on two foundational goals:

Goal 1 – The short-term goal of Student Health is to improve access to integrated health and related services for children and youth with special health and support needs registered in school programs.

Goal 2 – The long-term goal is to enable children and youth with health and support related needs to be successful in their school programs.

Student Health Partnerships (SHPs) work at the regional level to access student health needs, establish priorities and plan and deliver services. All partnerships in the 2009/2010 school year include Alberta Health Services, Child and Family Services Authorities and school authorities. These partnerships are accountable for the effective use of Student Health funding and for the outcomes for students with special health needs. In 2009/2010 there were 16 SHPs and one Francophone Student Health Service Delivery Model for a total of 17 SHPs.

Service Priorities in 2009/2010

SHPs determine their service priorities based upon an assessment of student health needs in their region. Student Health services recognize cultural diversity, are provided in a culturally appropriate manner and include:

- rehabilitation (speech language therapy, physical therapy, occupational therapy, audiology and respiratory therapy);
- nursing care for children with specialized and/or complex health needs; and
- emotional-behavioural supports including behavioural interventions, therapy and counselling.

Consistent with previous years, the three most significant service priorities during the 2009/2010 school year were emotional/behavioural supports, speech language therapy and occupational therapy. Table 1 summarizes the number of service categories provided across all 16 SHPs and one Francophone Student Health Service Delivery Model in Alberta during the 2009/2010 school year.

Service Category	Number of SHPs 2009/2010
Speech language therapy	17
Occupational therapy	17
Emotional/behavioural supports	17
Physical therapy	11
Clinical nursing	5
Other	5
Teaching assistants	4
Respiratory therapy	1
Audiology	0

Table 1 – Number of service categories provided by SHPs 2009/2010 (n=17)

II. STUDENT HEALTH (SH) PERFORMANCE MEASURES

A. Performance Measures and Targets

During the 2009/2010 school year, SHPs were required to report on two performance measures:

- access to student health services (number of service events); and
- access to coordinated/integrated services to improve student learning (Classroom Teacher, Parent and Student Health Partner surveys).

These performance measures assisted in identifying progress toward the achievement of the short-term goal related to improvement of access to integrated health and related services. The comparison of results from year to year also reflects overall trends in the achievement of Goal 2 of Student Health. As a requirement for Student Health funding, SHPs are accountable for setting targets and for including those targets in their Partnership Service Plans. Results at the end of each school year reflect the partnerships' ability to achieve their individual targets.

SHPs are encouraged to develop additional goals, performance measures and targets to measure and demonstrate achievement in meeting the needs of students in their partnership.

B. Results Achieved

1. Number of Service Events

This performance measure reflects the accessibility of services funded through Student Health. The data illustrates the "service events," which are defined as the provision of one category of service to one child. One service event may consist of one contact (e.g., assessment or case consultation) or it may include multiple contacts (e.g., ongoing therapy). Some students have accessed more than one service event (e.g., they received services from several categories). As such, each service event does not necessarily represent one student being served.

During the 2009/2010 school year, 34,244 service events were provided through Student Health. Table 2 summarizes the number of service events in each category during the 2009/2010 school year. See Appendix B, Page 23, for the number of service events in each category by each partnership.

Service Category	Number of Service Events	Percentage of Total Service Events (%)
Speech language therapy	10,080	29%
Physical therapy	1,125	3%
Occupational therapy	5,759	17%
Audiology	0	<1%
Respiratory therapy	100	0%
Clinical nursing	382	1%
Emotional/behavioural supports	16,340	48%
Teaching assistants	199	1%
Other[1]	259	1%
Total	**34,244**	**100%**

Table 2 – Number of Students Served in Each Service Category (Service Events)

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

The projected actual and percentage change in the number of service events in each category is illustrated in Table 3. Across most service categories, the actual number of service events was higher than projected, with a total of 11.8% more services being provided than were projected in Partnership Service Plans. The largest percentage increases were in the teaching assistants service area followed by the speech language therapy service area.

Service Category	Projected Number of Service Events	Actual Number of Service Events	Percentage Change (%)
Speech language therapy	8,288	10,080	21.6%
Physical therapy	959	1,125	17.3%
Occupational therapy	5,096	5,759	13%
Audiology	0	0	0%
Respiratory therapy	150	100	-33.3%
Clinical nursing	335	382	14%
Emotional/behavioural supports	15,412	16,340	6%
Teaching assistants	114	199	74.6%
Other[1]	279	259	-7.2%
Total	**30,633**	**34,244**	**11.8%**

Table 3 - Number of Service Events in Each Category and Percentage Change

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

Table 4, below, illustrates the comparison in the number of service events from 2008/2009 to the 2009/2010 school year. During the 2009/2010 school year, there were 1,750 fewer service events than in the previous year, an overall decrease of 4.9%. Speech-language services showed the largest decrease with 1,111 fewer service events. According to SHPs Annual Reports, this was the result of the utilization of different service models such as creating therapy groups, more consultative and assessment work, and offering staff workshops for capacity building. The targets (Table 3 pg. 5) were estimates only, and many SHPs reported higher demand for speech-language service than expected. Some areas reported wider use of speech language assistants when available. Teacher assistants were used more extensively in some areas. The use of para-professionals along with a change in service delivery helped meet referral demands.

Service Category	**Number of Service Events 2008/2009**	**Number of Service Events 2009/2010**	**Percentage Change (%)**
Speech language therapy	11,191	10,080	-9.9%
Physical therapy	1,013	1,125	11.1%
Occupational therapy	5,760	5,759	0%
Audiology	1	0	-100%
Respiratory therapy	130	100	-23.1%
Clinical nursing	448	382	-14.7%
Emotional/behavioural supports	16,875	16,340	-3.2%
Teaching assistants	115	199	73%
Other[1]	461	259	-43.8%
Total	**35,994**	**34,244**	**-4.9%**

Table 4 - Comparison of the Number of Service Events from 2008/2009 to 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

2. Surveys

Each year, SHPs conduct a series of surveys with stakeholders in order to gather input related to the effectiveness and efficiency of Student Health in supporting students with special health needs to be successful in their school programs. Respondent stakeholder groups annually surveyed include:

- Teachers
- Parents of children who receive services through SHPs
- Service providers
- Partners.

In their service plans, SHPs are required to set targets for the percentage of these stakeholder respondents who will agree or strongly agree; however, there is variation in the targets set by each SHP. Respondent percentages for each stakeholder group are noted in the tables on the following pages. Longitudinal results from the Teacher Survey are provided from 2005/2006 to 2009/2010. Results from the other three survey groups are available for 2008/2009 and 2009/2010.

The results from the surveys are calculated by dividing the provincial total number of respondents who agree/strongly agree in each stakeholder group by the total number of surveys completed by that group. This provides equal weighting for each participant's response regardless of the number of respondents in a SHP region.

In their Annual Reports, SHPs are also asked to include anecdotal comments from respondents along with the survey data obtained. Comments are aggregated by theme and provided in two categories:

1. Those that felt the SHPs were successful in their effectiveness and efficiency in supporting students with special health needs to be successful in their school programs, and
2. Those who saw challenges in meeting special health needs of students.

SHPs noted that responses varied by service categories. Respondent comments are provided in the tables on the following pages.

The surveys demonstrate slightly higher levels of satisfaction related to the implementation and impact of student health from service providers and partners, while the parent surveys were marginally lower by .8 of a percentage point. However, the fifth question of both the teacher and parent surveys, with satisfaction levels of 82.2% and 89.0%, respectively, do indicate that Goal Two of the program is being met: *The long term goal is to enable children and youth with health and support related needs to be successful in their school programs.*

Teacher Survey Results

Teachers' Rating Statement	Agree or Strongly Agree (%)				
	2005/06	2006/07	2007/08	2008/09	2009/10
For each of my students with a special health need, an adequate plan is in place to provide student health services.	79.6	78.1	88.5	91.2	84.7
It is easy to refer students for student health services.	79.3	82.7	88.9	83.3	83.1
Student health services are provided within a reasonable time after a referral.	60.1	63.0	70.3	67.2	66.3
The student health services that my students need are available.	72.4	72.3	74.8	74.3	72.4
The student health services have improved my students' abilities to be successful at learning.	74.6	77.9	86.1	83.1	82.2
For my students who need more than one student health service, the various services are well coordinated.	57.9	67.4	80.0	75.1	78.2
OVERALL	**70.6**	**73.6**	**81.4**	**79.0**	**77.8**

Table 5a – Teacher Survey Results

General Conclusions based on Teacher Comments:

Positive	Challenges
• Opportunity to work with service providers in development and monitoring of service plan increased satisfaction. • Teachers' capacity to provide ongoing support to students improved. • Positive perception about the impact on student learning increased when service providers and teachers collaborated. • Established relationships with service providers and common understanding of ways of working together make a significant difference to satisfaction ratings. • Positive response to capacity building workshops/in-services so services are available for students with more complex needs. • There is a high degree of satisfaction with Mental Health Therapy and Speech Language therapy services, which are in great demand.	• Delays in service continue in some areas due to shortage of mental health and speech-language professionals. • Vacancies create inequitable provision of service and impact case conference/collaboration time. • Keeping needed positions filled throughout the school year remains a problem. • Unmet needs for service continues to be a focal point for considering ways to stretch resources, services and programming.

Table 5b – Teacher Comments

Parent Survey Results

Parents' Rating Statement	Agree or Strongly Agree %	
	2008/2009	2009/2010
I was included in the development of the service plan for my child.	86.8	88.3
The referral process was easy.	92.5	92.2
The student health service was provided within a reasonable time after the referral.	88.8	87.8
The health service that my child needs is available.	90.7	90.3
The student health service has improved my child's ability to be successful in his/her school program.	90.8	89.0
If my child needed more than one student health service, the various services were well coordinated.	85.4	82.9
I had sufficient contact and communication with the service provider.	83.1	82.4
Overall, I am satisfied with the student health service that my child received.	89.4	88.1
OVERALL	**88.4**	**87.6**

Table 6a – Parent Survey Results

General Conclusions based on Parent Comments:

Positive	Challenges
• A commitment to ensuring good communication has facilitated parent/guardian involvement in the effective development of the service plan. • Streamlining of the referral pathway and ongoing communication has facilitated the referral process. • SHP services are making a positive difference for students in terms of success in effective learning and achievement. • Stability in the service delivery model increases satisfaction. • From the parent perspective, a better relationship, developed over time, between service providers and schools creates greater capacity for coordination of services and collaboration among partners. • Parents/guardians and partners were positive about the health services provided to children and students. • Parents/guardians and classroom teachers were satisfied with the health services provided and exceeded targets set by partners. • More parental involvement in the development of student programming including capacity building workshops and parent in-service.	• Commitment to ongoing communication must remain a priority.

Table 6b – Parent Comments

Service Providers Survey Results

Service Providers' Rating Statement	Agree or Strongly Agree %	
	2008/2009	2009/2010
I contribute to the development of service plans for students.	87.6	94.6
The referral information I receive provides me what I need to provide student health services to students.	84.3	89.1
I am able to provide student health services within a reasonable time after the referral.	85.9	87.4
The health services that students need are available.	66.5	70.5
The students achieved their service goals.	82.4	92.2
For students who need more than one student health service, the various services were well coordinated.	56.5	63.6
I am satisfied with the level of teamwork among the students, parents, teachers and service providers.	71.9	73.7
OVERALL	**76.4**	**81.6**

Table 7a – Service Provider Survey Results

General Conclusions based on Service Provider Comments:

Positive	Challenges
• Service providers indicate that they play an integral role in developing service plans. • Our schools provided consistent high-quality services to students in the area of speech and language programming. This was highly appreciated by school staff and parents as it resulted in focused learning on the part of the speech assistants and effective targeted speech intervention services in schools. • Frontline staff meetings throughout partnership area provide a venue for communication between the service providers and better understanding of strengths and needs and determined plans of action in meeting student needs. • Service providers are continuing to work on goal setting for clients. • Consultants continued the multi-disciplinary approach with the students that needed service in more than one discipline. This is a practice that is welcomed by the school staff and parents.	• Service providers feel that there are further student health services that students need. • Service providers recognize that there are more students with needs than there are resources. • Coordination of service continues to be a challenge due to time constraints, complexity of student needs, and the varied schedules and processes among service providers. • There is a continued need to focus on collaboration among students, teachers, parents, and service providers. • Continue to try to improve in-service opportunities for para-professionals. • Scheduling time with service providers, parents and teachers to provide coordinated services.

Table 7b – Service Provider Comments

Partner Survey Results

Partners' Rating Statement	Agree or Strongly Agree %	
	2008/2009	2009/2010
For students who need more than one student health service, the various services are well coordinated.	81.4	86.6
Partners plan collaboratively.	77.7	94.1
Partners make decisions collaboratively.	89.8	94.7
Partner funded and Student Health funded services are well integrated.	87.6	90.6
The student health services improve students' abilities to be successful in their school programs.	94.6	97.1
OVERALL	**86.2**	**92.6**

Table 8a – Partner Survey Results

General Conclusions based on Partner Comments:

Positive	Challenges
• Most partners feel that coordination of student health services is in place. • The partnership has improved communications. • There is a high degree of collaboration at local advisory group tables that meet regularly to discuss issues and solutions. • Decisions are made collaboratively and by consensus. • Partners share resources and expertise. • Continue to share human resources to maintain expertise in the area. • Teams that were fully staffed for a specific geographic area are able to provide coverage to underserved geographic areas. • Decisions made at the Partnership management level have found traction through the hard work of front line staff and school staff working together. • Partners and service providers have been creative and collaborative in responding. • Partners continue to collaborate and share information regarding cross-ministry initiatives. • Due to historically high survey results, the targets for the questions on the teacher, parent, service provider and partner surveys were raised.	• Teamwork and coordination of services require ongoing effort due to the challenges of complex needs. • Coordination of services needs to be improved in some areas. • Integration of partner funded and student health funded services remains an issue for some SHPs. • Difficulty retaining staff led to a decrease in services available to students and their families. • Chronic staffing shortage that was amplified by hiring freezes in two major employer organizations for SHP. • Sharing the responsibility for meeting the needs of very diverse student populations. • Yearly funding announcements result in challenges for sustainability of programs. • Time for collaboration among partners at all levels due to the complexity of student needs and the number of sectors and individuals involved in planning, management and delivery of service continues to be a challenge.

Table 8b – Partner Comments

III. HUMAN RESOURCES PLANNING AND IMPLEMENTATION

In their Annual Reports, Student Health Partnerships reported on the number of positions they had planned to fill, as recorded in their service plans, plus the number of positions actually filled. Partnerships do not directly employ or contract staff. The individual partners employ or contract service providers on behalf of the Partnership according to the service plan. The service plans and Annual Reports include only direct service provider full-time equivalents (FTEs) employed or contracted with Student Health funds. They do not include FTEs or the portion of an FTE, employed or contracted with funds from other sources. They do not include FTEs for supervisory or administrative support staff.

For the 2009/2010 school year, partnerships reported a total of 505.68 FTEs employed or contracted (367.53 FTE professional and 138.15 FTE para-professional). The number of professional FTEs employed or contracted in 2009/2010 decreased by 18.07 FTEs and the number of para-professional FTEs employed or contracted increased by 2.05 FTEs over the 2008/2009 school year.

Service Category	Total Number of FTEs	Percentage of Total FTEs (%)
Speech language therapy	61.37	16.70%
Physical therapy	11.14	3.03%
Occupational therapy	58.79	16.00%
Audiology	0.00	0.00%
Respiratory therapy	0.24	0.07%
Nursing	4.95	1.35%
Emotional/behavioural supports	225.84	61.45%
Teaching assistants	0.20	0.05%
Other[1]	5.00	1.36%
Total	**367.53**	**100.00%**

Table 9 – Total FTEs by Service Category

[1] "Other" includes psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

SHPs were not able to fill all of the planned staffing for professional and para-professional FTEs during the 2009/2010 school year. Physical therapy, occupational therapy, respiratory therapy, and clinical nursing categories reported that planned and filled FTEs were as expected or slightly higher. Overall, 96.3% of planned FTEs were filled in 2009/2010. The following table summarizes the provincial total of FTEs that were planned and filled across all service categories.

Service Provider Type	Number of FTEs Planned	Number of FTEs Filled	Percent of Planned FTEs Filled
Professional	385.80	367.53	95.3
Para-professional	139.38	138.15	99.1
Total	**525.18**	**505.68**	**96.3**

Table 10 – Total FTEs Planned and Filled

Table 11 provides a summary of FTEs planned and filled for each service category.

Service Category	Number of FTEs Planned	Number of FTEs Filled	Percent of Planned FTEs Filled (%)
Speech Language Therapy			
Professional	60.58	61.37	101%
Para-professional	91.26	87.88	96%
Total	**151.84**	**149.25**	**98%**
Physical Therapy			
Professional	12.33	11.14	90%
Para-professional	3.16	4.56	144%
Total	**15.49**	**15.70**	**101%**
Occupational Therapy			
Professional	60.09	58.79	98%
Para-professional	13.85	15.65	114%
Total	**73.94**	**74.44**	**101%**
Audiology			
Professional	0.00	0.00	0%
Para-professional	0.00	0.00	0%
Total	**0.00**	**0.00**	**0%**
Respiratory Therapy			
Professional	0.24	0.24	100%
Para-professional	0.00	0.00	0%
Total	**0.24**	**0.24**	**100%**
Clinical Nursing			
Professional	5.56	4.95	89%
Para-professional	0.70	2.70	386%
Total	**6.26**	**7.65**	**122%**
Emotional/Behavioural Supports			
Professional	241.35	225.84	94%
Para-professional	18.76	16.01	85%
Total	**260.11**	**241.85**	**93%**
Teaching Assistants			
Professional	0.20	0.20	100%
Para-professional	9.10	9.00	99%
Total	**9.30**	**9.20**	**99%**
Other			
Professional	5.45	5.00	92%
Para-professional	2.55	2.35	92%
Total	**8.00**	**7.35**	**92%**
Total	525.18	505.68	96.3%

Table 11 – Total FTEs Planned and Number Filled for Each Service Category

A breakdown of the planned and actual FTEs by Partnership is provided in Appendix C on page 24 of this summary.

In their Annual Reports, SHPs provided rationales on the variance between planned and actual FTEs. When fewer or more than planned FTEs were filled or FTEs were moved to other service categories, the rationales provided fall into the following categories:

1. Recruitment challenges due to limited availability of service providers.
2. Shortage of professional staff in a service category, therefore more para-professionals are hired.
3. Increased staffing costs resulted in the need to decrease staff numbers.
4. Medical/maternity leaves and staff turnover altered staffing practices.
5. Changes in the service delivery model (e.g., group therapy, consultation services for teaching staff) created efficiencies when service demand was greater than anticipated.

Several unique issues were reported and worthy of note.

- One SHP noted that they had worked collaboratively with other service providers in order to maximize the services to students.
- A number of SHPs identified capacity building with teachers to maximize strategies based on best practice that would benefit a larger number of students.
- To meet increasing demands, many SHPs are examining best practices related to service delivery models in order to increase efficiencies and to reach more students.

IV. ANALYSIS OF REVENUES AND EXPENDITURES

A. Revenues

The provincial total Student Health revenues to partnerships for the 2009/2010 school year were $43,690,702. This figure included an allocation of $1,682,287 for administration costs. Total revenues available to Partnerships also included interest earned on SH funds. Total revenues reported by Partnerships for the 2009/2010 school year are summarized below:

Revenue Source	Total Revenue
Annual service delivery allocation	35,940,931*
Annual administration allocation	1,682,287
Surplus from prior years	6,067,484
TOTAL	43,690,702

Table 12 – Revenues 2009/2010
* includes $50,026 in interest

B. Expenditures

The provincial total Student Health Partnership expenditure for the 2009/2010 school year was $41,915,288. Expenditures are summarized below:

Expenditure Type	Total Expenditures	Percentage of Total Expenditures (%)
Actual salaries and benefits for FTEs	37,216,803	88.8
Actual other service delivery costs	3,623,763	8.6
Actual administration costs	1,074,722	2.6
TOTAL	**41,915,288**	**100.0**

Table 13 – Expenditures 2009/2010

The service delivery expenditures, including other administration costs, can be broken down into expenditures by service category. (A summary of expenditures by service category for each SHP can be found in Appendix E on page 27):

Service Category	Total Expenditures ($)	Percentage of Total Expenditures (%)
Speech language therapy	9,778,945	23.9
Physical therapy	1,465,141	3.6
Occupational therapy	7,128,610	17.4
Audiology	0	0
Respiratory therapy	28,823	0.1
Clinical nursing	871,696	2.1
Emotional/behavioural supports	19,915,583	48.6
Teacher assistants	819,901	2.0
Teacher replacement	701,535	1.7
HR support for service delivery	108,051	0.3
Other[1]	141,976	0.3
Total	**40,960,261**	**100.0**

Table 14 – Expenditures by Service Category 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

V. ACCOMPLISHMENTS AND CHALLENGES

A. General Comments

- Overall, schools saw an increase in availability of service providers, resulting in an increase in the number of students served and overall satisfaction levels.
- Staff meetings with front line service providers provides a venue for communication between the service providers and school staff, in turn creating a better understanding of student strengths and needs.
- Parental engagement and involvement in capacity building workshops was appreciated.
- School jurisdiction partners have worked with each other hand in hand with service providers to successfully implement service plan decisions.
- Creative problem solving was used to resolve issues of staff shortages.
- Decisions made at the Partnership level have found traction through the hard work of front line service providers and school staff working collaboratively together.
- Different service delivery models and understaffing still exist in some areas, both of which create difficulties in best meeting the health needs of children/youth.
- Sustainability of relationships in spite of challenges and the affirmation of commitments to the principles and values of SH are evident.
- The creation of both web-based (website and intranet) and paper-based (poster, brochure, tri-fold display, presentation folder) communication tools over the last five years has delivered tremendous dividends for the Partnership; there has been increased awareness among all stakeholders, strengthened and improved internal and external communication, and data to support strategic decision-making.
- Despite the existence of a formal orientation session and ongoing informal support, there is still a steep learning curve for new members.
- The surveys do not capture the capacity building that occurs in the classrooms with students and teachers.
- More students than are reported are benefiting from SHP funds.

B. Major Accomplishments

In their Annual Reports, Partnerships had the opportunity to share a summary of their major accomplishments during the 2009/2010 school year. A sample of accomplishments shared among several Partnerships included:

Service Delivery Model:

- Worked collaboratively as cross-sector partners to provide equitable health services, resolve complex regional issues and improve communication.
- Maximized staff time available to provide services by minimizing travel time, and contracting additional staff using one-time funding.
- Developed a common referral form and process.
- Expanded service delivery by using video-conferencing or by grouping students.

Service Provider:

- Developed cross-sector special projects focusing on building new approaches to address mental health issues.
- Completed surveys by student health personnel that are not involved in direct service demonstrated a high level of understanding of Student Health practices.
- Developed a resource list of Student Health staff willing to provide in-service instruction to colleagues.

Communication Strategies:

- Employed a variety of tools to communicate to teachers and parents the range of the services available and how to access them. Strategies included: websites, posters, brochures, introductory letter to teachers, and displays at Teachers' Conventions.
- Developed and distributed a detailed Student Health staff contact list to service providers and schools.
- Developed a Student Health "branded" template for PowerPoint presentations for adaptation and use by partners in their specific environments.
- Partner Communication Guidelines were created and ratified to encourage and support cross-sector communication.
- The creation of web-based and paper-based communication tools over the past number of years has delivered tremendous dividends for the partnerships.

Professional Development/Training and Orientation

- Provided workshops on various topics, including Play Therapy, Self-Injury, Explosive Kids, Threat Assessment, Suicide Prevention, and Collaborative Problem-Solving.
- Worked with other Partnerships to develop Collaborative Practice Guidelines for Speech Language Pathologists.
- Pediatric Assessment and Rehabilitation Services used video-conferencing to supplement rehabilitation services, which improved clinical integration and collaboration among health and education services.
- Speech and language services implemented a new professional development model emphasizing prevention and early intervention strategies for language enrichment.
- Occupational therapy staff articulated hand development skills through capacity building activities.

Other:

- Collaborative practices advanced SHPs towards three objectives of *Setting the Direction* (curriculum differentiation, capacity building, and collaboration).
- Use of online surveys as an option resulted in increased completion rates.
- Used governance review results to plan future services.
- Increased parental involvement in developing student programming.

C. Challenges

In their Annual Reports, Partnerships had the opportunity to share a summary of their major challenges during the 2009/2010 school year. These challenges included:

Staffing Service Providers:

- Salary and benefit increases threatened the sustainability of staffing/service levels.
- Various factors affect the recruitment, training and retention of both professional and para-professional staff.
- Insufficient mental health supports to provide therapy for severe emotional/behavioural needs in establishing continuity between the classroom and home.

Other:

- Time for collaboration was critical as the complexity of student needs involved more sectors in the delivery of services.
- Numbers of students being referred has increased.
- Transportation costs and travel time added to the cost of service.
- Improving the return rate for surveys continues to be an area of focus.
- There were differences in the collective agreements and fiscal years between partners.

D. Progress in Integrating Student Health-Funded Services with Partner-Funded Services

Partnerships are required to describe how their efforts to work collaboratively made improvements in their efficient and effective use of partner-funded services along with Student Health funding. Partnerships described:

- agreeing to set priorities for service that is reflected in the budget
- addressing privacy issues when agreeing to use a multi-agency web-based scheduler for staff
- scheduling meetings on the same day to create efficiencies for staff time and travel
- implementation of communication and decision-making changes have resulted in true partnership collaboration.

E. Continuous Improvement

Partnerships are required to identify existing and/or planned continuous improvement activities to enhance the planning and delivery of Student Health services. Partnerships identified plans in several areas including:

Service Delivery Model:

- Be creative and persistent in recruiting to overcome staff shortages.
- Work toward an integrated referral practice, and determine a practical definition of a reasonable timeline to commence service after referral by tracking current standards.
- Enhance access to emotional/behavioral supports, speech-language pathology, occupational therapy, and physical therapy services through utilizing alternate models of service delivery.
- Refine coordination and integration of services.
- Expand the use of group delivery of services and video-conferencing to provide service.
- Increase use of salaried staff rather than private contractors to deliver service.

- Base service provision priority on consistently applied functional assessment of needs of individual students.
- Establish an effective evaluation of new service delivery models.
- Implement trials for new service delivery models.

Orientation and Training:

- Provide orientation to new Student Health Partners to ensure a common understanding of the work of the partnership.
- Implement on-going training for para-professionals to enhance skills in providing direct service under the supervision of professionals.

VI. APPENDICES

Appendix A – Partnership Funding Allocations 2009/2010

Appendix B – Partnership Breakdown Number of Service Events by Service Category 2009/2010

Appendix C – Partnership Breakdown of Planned and Actual FTEs for 2009/2010

Appendix D – Partnership Breakdown of Expenditures in Each Service Category 2009/2010

Appendix E – Student Health Expenditures by Service Category 2009/2010

Appendix F – List of Tables

Appendix A – Partnership Funding Allocations 2009/2010

Partnership	Service Delivery Allocation ($)	Administration Allocation ($)	Total Allocation ($)
Aspen	1,365,825	64,358	1,430,183
Calgary Rocky View	11,251,434	530,172	11,781,606
Central Alberta	3,379,670	159,121	3,538,791
Chinook Country	2,116,732	99,741	2,216,473
Edmonton	6,409,708	302,028	6,711,736
Francophone	371,842	13,280	385,122
Golden Prairie	760,549	35,837	796,386
Leduc and Area	538,547	25,377	563,924
Northern Lights – FV	(180,975)	(11,920)	(192,895)
Peace Country	1,648,838	76,550	1,725,388
Parkland, Evergreen and Area	721,141	33,390	755,121
SHIP 15	141,215	6,654	147,869
Southeastern Alberta	1,394,904	65,728	1,460,633
St. Albert	1,086,482	51,195	1,137,677
Tri-Partite	3,157,347	148,775	3,306,122
West View	1,197,652	56,434	1,254,086
Wood Buffalo	529,996	24,974	554,970
TOTAL	**35,890,905**	**1,682,287**	**37,573,192**

Table 15 – Partnership Funding Allocations 2009/2010

APPENDIX B - Partnership Breakdown of Number of Service Events 2009/2010

Partnership	Speech Language Therapy	Physical Therapy	Occupational Therapy	Audiology	Respiratory Therapy	Clinical Nursing	Emotional/ Behavioural	Teaching Assistants	Other[1]	TOTAL
Aspen	570	0	599	0	0	0	800	0	0	1,969
Central Alberta	1368	64	266	0	0	84	2091	0	0	3,873
Calgary Rocky View	1220	322	1139	0	0	0	2788	36	0	5,505
Chinook Country	741	75	63	0	0	0	1793	23	32	2,727
Edmonton	2665	158	1801	0	0	168	1807	0	104	6,703
Francophone	119	3	61	0	0	0	64	0	2	249
Golden Prairie	258	4	4	0	0	2	314	0	81	663
PEASHP	131	0	110	0	0	0	270	0	40	551
Leduc and Area	15	0	95	0	0	108	274	0	0	492
Northern Lights - FV	151	21	44	0	0	0	76	0	0	292
Peace Country	601	94	337	0	0	0	800	0	0	1,832
SHIP 15	293	0	48	0	0	0	320	0	0	661
Southeastern Alberta	534	162	72	0	100	0	1127	0	0	1995
St. Albert	600	0	135	0	0	0	472	0	0	1,207
Tri-Partite	593	56	590	0	0	20	2384	134	0	3,777
Wood Buffalo	105	0	125	0	0	0	413	0	0	643
Westview	116	66	270	0	0	0	547	0	0	999
TOTAL	10,080	1,025	5,759	0	100	382	16,340	193	259	34,138
% of total	29.4	3.3	16.8	0	0.3	1.1	47.7	0.6	0.8	100.0

Table 16 – Partnership Breakdown of Number of Service Events 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

APPENDIX C – Partnership Breakdown of Planned and Actual FTEs for 2009/2010

Professional FTEs 2009/2010

Partnership	Speech planned	Speech filled	PT planned	PT filled	OT planned	OT filled	Audio planned	Audio filled	RT planned	RT filled	Nursing planned	Nursing filled	E/B planned	E/B filled	TA planned	TA filled	Other planned	Other filled	Total planned	Total filled
Aspen	0.30	0.50	0.00	0.00	2.20	1.78	0.00	0.00	0.00	0.00	0.00	0.00	11.20	12.20	0.00	0.00	0.00	0.00	13.70	14.48
Central Alberta	9.05	7.25	1.20	0.80	3.95	3.60	0.00	0.00	0.00	0.00	1.20	1.20	25.42	23.10	0.00	0.00	0.60	0.25	41.42	36.20
Calgary Rocky View	15.00	15.00	5.00	5.00	19.00	19.00	0.00	0.00	0.00	0.00	0.00	0.00	69.00	68.00	0.00	0.00	0.00	0.00	108.00	107.00
Chinook Country	6.00	6.00	0.50	0.50	0.50	0.50	0.00	0.00	0.00	0.00	0.00	0.00	11.40	11.60	0.00	0.00	0.30	0.20	18.70	18.80
Edmonton	15.40	19.10	3.10	3.20	14.40	14.70	0.00	0.00	0.00	0.00	3.16	2.70	31.25	28.33	0.00	0.00	1.00	1.00	68.31	69.03
Francophone	1.40	2.10	0.07	0.02	0.61	0.75	0.00	0.00	0.00	0.00	0.00	0.00	1.03	1.11	0.00	0.00	0.00	0.00	3.11	3.98
Golden Prairie	0.00	0.00	0.06	0.13	0.10	0.18	0.00	0.00	0.00	0.00	0.05	0.05	5.92	5.62	0.00	0.00	0.40	0.40	6.53	6.38
PEASHP	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.40	4.25	0.00	0.00	0.25	0.25	5.65	5.50
Leduc and Area	0.40	0.40	0.00	0.00	0.50	0.50	0.00	0.00	0.00	0.00	0.75	0.75	1.00	1.00	0.00	0.00	0.00	0.00	2.65	2.65
Northern Lights - FV	0.30	0.30	0.20	0.20	0.30	0.30	0.00	0.00	0.00	0.00	0.00	0.00	1.60	1.60	0.00	0.00	0.00	0.00	2.40	2.40
Peace Country	3.40	3.80	0.80	0.04	2.40	2.00	0.00	0.00	0.00	0.00	0.00	0.00	8.40	6.90	0.00	0.00	0.00	0.00	15.00	12.74
SHIP 15	2.00	1.00	0.00	0.00	1.00	0.50	0.00	0.00	0.00	0.00	0.00	0.00	4.30	4.30	0.00	0.00	0.00	0.00	7.30	5.80
Southeastern Alberta	1.33	1.33	0.25	0.25	0.34	0.34	0.00	0.00	0.24	0.24	0.00	0.00	3.90	3.90	0.00	0.00	0.00	0.00	6.06	6.06
St. Albert	1.30	0.69	0.00	0.00	2.35	2.50	0.00	0.00	0.00	0.00	0.00	0.00	6.55	6.60	0.00	0.00	1.70	1.70	11.90	11.49
Tri-Partite	1.40	1.20	0.40	0.40	8.60	8.30	0.00	0.00	0.00	0.00	0.40	0.25	40.90	36.40	0.20	0.20	0.00	0.00	51.90	46.75
Wood Buffalo	1.00	0.40	0.15	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	4.00	0.00	0.00	0.00	0.00	11.15	5.40
Westview	1.30	1.30	0.60	0.60	2.84	2.84	0.00	0.00	0.00	0.00	0.00	0.00	6.08	6.93	0.00	0.00	1.20	1.20	12.02	12.87
Total	60.58	61.37	12.33	11.14	60.09	58.79	0.00	0.00	0.24	0.24	5.56	4.95	241.35	225.84	0.20	0.20	5.45	5.00	385.80	367.53

Table 17 – Partnership Breakdown of Professional FTEs Planned and Actual 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination

Para-Professional FTEs 2009/2010

Partnership	Speech planned	Speech filled	PT planned	PT filled	OT planned	OT filled	Audio planned	Audio filled	RT planned	RT filled	Nursing planned	Nursing filled	E/B planned	E/B filled	TA planned	TA filled	Other planned	Other filled	Total planned	Total filled
Aspen	4.68	3.68	0.00	0.00	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.68	4.48
Central Alberta	10.15	10.66	0.25	0.25	0.25	0.25	0.00	0.00	0.00	0.00	0.00	0.00	1.60	0.00	0.00	0.00	0.80	0.80	13.05	11.96
Calgary Rocky View	8.00	8.00	1.00	2.00	5.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.00	9.00	0.00	0.00	23.00	25.00
Chinook Country	10.00	12.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.60	6.30	0.00	0.00	1.20	1.00	17.80	19.30
Edmonton	20.50	18.00	0.80	0.80	5.60	5.60	0.00	0.00	0.00	0.00	0.70	2.70	0.00	0.00	0.10	0.00	0.00	0.00	27.70	27.10
Francophone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Golden Prairie	6.30	5.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	1.30	0.00	0.00	0.00	0.00	8.30	7.20
PEASHP	0.67	0.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.38	0.38	0.00	0.00	0.00	0.00	1.05	1.05
Leduc and Area	2.84	2.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.90	2.75	0.00	0.00	0.00	0.00	5.74	5.59
Northern Lights - FV	6.20	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.20	6.00
Peace Country	2.00	1.00	1.00	1.00	0.80	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.80	2.80
SHIP 15	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Southeastern Alberta	4.33	4.13	0.11	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	2.00	0.00	0.00	0.00	0.00	6.44	6.24
St. Albert	2.50	1.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	1.80
Tri-Partite	7.00	6.50	0.00	0.00	2.20	2.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.55	0.55	9.75	9.25
Wood Buffalo	0.00	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40
West view	3.09	3.30	0.00	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.28	3.28	0.00	0.00	0.00	0.00	6.37	6.98
Total	91.26	87.88	3.16	4.56	13.85	15.65	0.00	0.00	0.00	0.00	0.70	2.70	18.76	16.01	9.10	9.00	2.55	2.35	139.38	138.15

Table 18 – Partnership Breakdown of Para-professional FTEs Planned and Actual 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

APPENDIX D – Partnership Breakdown of Expenditures in Each Service Category 2009/2010

Partnership	Service Delivery Allocation ($)	Admin Allocation ($)	Surplus from 2008/2009 ($)	Interest ($)	Total Revenues for 2009/2010 ($)	Actual Salaries and Benefits for FTEs ($)	Actual Other[1] Student Health Service Delivery Costs ($)	Actual Admin Costs ($)	Total Expenses 2009/2010 ($)	Net Operating Results ($)
Aspen	1,365,825	64,358	135,832	1,081	1,567,096	1,444,104	34,442	59,315	1,537,861	29,235
Calgary Rocky View	11,251,434	530,172	254,080	2,538	12,038,224	9,773,776	1,598,477	249,274	11,621,527	416,697
Central Alberta	3,379,670	159,121	446,329	26,639	4,011,759	3,588,069	193,032	104,960	3,886,061	125,698
Chinook Country	2,116,732	99,741	(111,220)	387	2,105,640	2,165,630	75,407	44,875	2,285,912	(180,272)
Edmonton	6,409,708	302,028	2,040,274	3,202	8,755,212	7,787,665	866,709	99,000	8,753,374	1,838
Francophone	371,842	13,280	1	0	385,123	290,200	84,906	13,280	388,386	(3,263)
Golden Prairie	760,549	35,837	51,814	2,131	850,331	749,380	10,652	35,837	795,869	54,462
Leduc and Area	538,547	25,377	117,717	1,447	683,088	590,566	29,580	31,930	652,076	31,102
Northern Lights - FV	(180,975)	(11,920)	672,591	0	479,696	395,745	33,133	1,881	430,759	48,937
Peace Country	1,648,838	76,550	67,591	707	1,793,507	1,519,033	99,950	33,747	1,652,730	140,777
PEASHP	721,141	33,390	117,041	1,027	873,189	661,794	10,252	43,400	715,446	157,743
SHIP 15	141,215	6,654	727,705	1,559	877,133	695,592	45,146	24,618	765,356	111,777
Southeastern Alberta	1,394,904	65,728	(7,216)	1,217	1,454,634	1,354,228	85,284	22,150	1,461,662	(7,028)
St. Albert	1,086,482	51,195	155,009	2,621	1,295,307	978,619	28,585	53,912	1,061,116	234,191
Tri-Partite	3,157,347	148,775	869,417	520	4,176,059	3,571,631	324,237	187,425	4,083,293	92,766
West View	1,197,652	56,434	18,510	1,161	1,273,757	1,166,600	67,308	38,688	1,272,596	1,161
Wood Buffalo	529,996	24,974	512,188	3,789	1,070,947	484,171	36,663	30,430	551,264	519,683
TOTAL	35,890,905	1,682,287	6,067,484	50,026	43,690,702	37,216,803	3,623,763	1,074,722	41,915,288	1,775,414
% of total	82.2	3.8	13.9	0.1	100.0	88.8	8.7	2.5	100.0	

Table 19 – Partnership Breakdown of Expenditures in Each service Category 2009/2010

"Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination

APPENDIX E – Student Health Expenditures by Service Category 2009/2010

Partnership	Speech Language Therapy	Physical Therapy	Occupational Therapy	Audiology	Respiratory Therapy	Clinical Nursing	Emotional/ Behavioural Supports	Teacher Assistants	Teacher Replacement	HR Support for Service Delivery	Other[1]	TOTAL
Aspen	213,224	0	262,447	0	0	0	1,002,875	0	0	0	0	1,478,546
Calgary Rocky View	1,965,837	569,866	2,170,825	0	0	0	5,911,376	383,998	370,352	0	0	11,372,254
Central Alberta	1,277,243	104,041	352,959	0	0	116,863	1,929,995	0	0	0	0	3,781,101
Chinook Country	946,124	55,208	55,207	0	0	0	1,054,152	54,939	30,972	15,650	28,785	2,241,037
Edmonton	2,688,372	405,953	1,986,348	0	0	676,658	2,817,195	42,618	37,230	0	0	8,654,374
Francophone	201,257	2,394	120,573	0	0	0	85,653	0	0	2,925	49,705	462,507
Golden Prairie	185,218	14,489	21,750	0	0	7,426	467,168	495	0	0	63,486	760,032
Leduc and Area	182,271	0	52,077	0	0	71,606	345,013	0	0	0	0	650,967
Northern Lights - FV	204,419	17,847	35,695	0	0	0	170,917	0	0	0	0	428,878
Peace Country	422,452	37,686	257,682	0	0	0	771,467	0	129,696	0	0	1,618,983
Parkland, Evergreen and Area	163,576	0	0	0	0	0	508,470	0	0	0	0	672,046
SHIP 15	191,804	0	49,572	0	0	0	492,966	0	6,396	0	0	740,738
Southeastern Alberta	387,433	37,313	40,164	0	28,823	0	909,970	35,809	1,472	0	0	1,440,984
St. Albert	108,017	0	306,998	0	0	0	592,189	0	0	0	0	1,007,204
Tri-Partite	261,002	117,186	1,022,825	0	0	(857)	2,398,750	0	96,962	0	0	3,895,868
West View	275,935	96,678	272,441	0	0	0	448,578	32,290	18,510	89,476	0	1,233,908
Wood Buffalo	104,761	6,480	121,047	0	0	0	8,849	269,752	9,945	0	0	520,834
Total	9,778,945	1,465,141	7,128,610	0	28,823	871,696	19,915,583	819,901	701,535	108,051	141,976	40,960,261
% of total	23.9	3.6	17.4	0.0	0.1	2.1	48.6	2.0	1.7	0.3	0.3	100.0

Table 20 Student Health Expenditures by Service Category 2009/2010

[1] "Other" services include psycho-educational assessments, key contact specialists, special projects and resource/clinical coordination.

APPENDIX F – List of Tables

Table	Topic	Page
1	Number of service categories provided by SHPs 2009/2010 (n=17)	2
2	Number of Students Served in Each Service Category (Service Events)	4
3	Number of Service Event in Each Category and Percentage Change	5
4	Comparison of the Number of Students Served from 2008/2009 to 2009/2010	6
5a/b	Teacher Survey Results / Teacher Comments	7/8
6a/b	Parent Survey Results / Parent Comments	9
7a/b	Service Provider Survey Results / Service Provider Comments	10
8a/b	Partner Survey Results / Partner Comments	11
9	Total FTEs by Service Category	12
10	Total FTEs Planned and Number Filled	12
11	Total FTEs Planned and Filled for Each Service Category	13
12	Revenues 2009/2010	15
13	Expenditures 2009/2010	15
14	Expenditures by Service Category 2009/2010	16
15	Partnership Funding Allocations 2009/2010	22
16	Partnership Breakdown of Number of Service Events by Service Category 2009/2010	23
17	Partnership Breakdown of Professional FTEs Planned and Actual 2009/2010	24
18	Partnership Breakdown of Para-professional FTEs Planned and Actual 2009/2010	25
19	Partnership Breakdown of Expenditures in Each Service Categroy 2009/2010	26
20	Student Health Expenditures by Service Category 2009/2010	27
21	List of Tables	28

Table 21 – List of Tables